



Waukesha County
Criminal Justice Collaborating Council
Evidence-Based Decision Making Policy Team
Tuesday, October 20, 2015

Team Members Present:

Hon. Jennifer Dorow, Presiding Judge & Policy Team Chair
County Board Chair Paul Decker
State Public Defender Regional Attorney Manager Sam Benedict
DOC Community Corrections Field Supervisor Marla Bell
Victim Witness Coordinator Jen Dunn
WCS Administrator Sara Carpenter
Menomonee Falls Police Chief Anna Ruzinski
Town of Brookfield Municipal Judge JoAnn Eiring

CJCC Coordinator Rebecca Luczaj
District Attorney Sue Oppen
HHS Director Antwayne Robertson
Clerk of Circuit Court Kathy Madden
Sheriff Eric Severson
Captain Dan Baumann
DOC Regional Chief Sally Tess
County Executive Paul Farrow

Team Members Absent:

District Court Administrator Michael Neimon

Others Present:

Programs & Projects Analyst Windy Jicha
State Special Projects Coordinator Tommy Gubbin

NIC Consultant Mimi Carter
Deputy Inspector Torin Misko

Meeting Goals

- Finalize system mapping
- Identify low & high-hanging fruit
- Discuss data availability
- Discuss next steps

Carter said today the group will review work completed by subgroups. Templates will soon be distributed to the group for review and feedback.

Review System Mapping Progress by Workgroups & Prepare to Finalize Map

Case Processing Workgroup

Oppen, Dorow, Luczaj and Neimon did the case processing mapping. Oppen reviewed the mapping from "B1p. Initial Appearance" to "B1t. Not Guilty Pleas Entered."

Carter asked questions about case processing:

How are cases assigned in the DAs office?

Except for some ADAs who are assigned to specialized caseloads such as sensitive crimes and narcotics, cases are assigned by rotation.

Are cases vertically or horizontally prosecuted?

Less serious cases are horizontally prosecuted while most felony cases are vertically prosecuted.

What is the difference between a warrant and summons?

Law enforcement requests warrants when they are unable to find someone. Most warrants are not proactive. The people are usually caught if/when they "stumble" into law enforcement and the warrant is activated. Summons are more or less an invitation to appear at court and are cheaper and less cumbersome than

warrants. Waukesha County has a warrant division and participates in the Federal Marshall Fugitive Task Force and HIDTA.

How many outstanding warrants are there in Waukesha County?

There are 5,708 warrants in Waukesha County's system (including circuit court) which includes the municipalities of Pewaukee (708 warrants) and Sussex (155 warrants). Total warrants for those who use the Spillman Records System equals 6,983. The municipalities not using Spillman are not included in this total. Each municipality would need to provide their stats to get a true measure.

Warrants can be issued for all kinds of reasons such as failure to appear, failure to pay, child support related, etc. Summons can be upgraded to warrants when people do not appear. The DAs office contacts law enforcement regarding warrants for bigger cases. Some police departments have warrant divisions that track people down.

How often do people fail to appear on a summons?

It was estimated that about 10% of those who receive a summons do not appear. First appearances are more likely to show up for court or respond.

Case Processing "Fruit"

After the suggestion of implementing a true diversion program was made, many in the group felt the county already has a diversion program. The 180 Diversion Program is a program for first-time offenders, ages 17 to 22, and costs approximately \$1000 to participate. Those with AODA issues are not accepted into the program. Payments can be made over the 12 month program. Some felt the program was underutilized due to the cost, defendants being "too lazy" to complete the intensive programming elements or because of generational issues.

Is there a way to increase participation in the 180 Diversion Program?

Many felt that the 180 Diversion Program is a good program and that it may be "fruit". Some ideas for increasing participation included better educating attorneys, improving the DAs informational letter and promotion of the program. It was decided that more research about the program was needed before any changes were made.

Mental Health Workgroup

The group that is mapping the mental health area includes Robertson, Luczaj, Neimon, Maura McMahon and Gordon Owly. Robertson reviewed mental health mapping which begins at "D Emergency Detention." There are two main mental health tracks: HHS 51.42 and HHS 55.

HHS 51.42

- The people in this track may end up in the criminal justice system.
- 80% of people who enter this mental health track have a stipulation before the probable cause hearing decision point.
- There are no formal criteria for release.
- Additional "Dismissal Ovals" are needed on the map.
- The "No Criteria" rectangle, the point at which safety plans are developed, should be changed to "No Evidence/Safety Plan."

HHS 55

- Probate oversees these cases.
- People in this track need long term care such as in nursing or group homes.
- This track includes Watts Reviews (where clients can argue whether they need a guardian or to be held), third party petitions and fifth standards.

Carter asked questions about mental health:

What happens when law enforcement encounters someone in crisis?

Current practice allows law enforcement to contact HHS by phone to make emergency detention determinations. State law changes on July 1, 2016 will require a clinical therapist to be at the scene and face-to-face contact with people in crisis. Procedures are being written for this unfunded mandate. State law also requires police officers to take people in crisis to a hospital for medical clearance. This process can tie up an officer for an entire shift.

Officers who have completed Crisis Intervention Team (CIT) training are taught how to work with someone in mental crisis and are able to make a better determination if someone is a threat to themselves and others. Many times these officers can get them into a safety plan, contact the family or talk the person into committing themselves. Law enforcement involuntarily committing someone is not always the answer. Sadly, sometimes the training does not translate to hospital and security staff.

If the county had a mobile crisis team, officers could contact them to help on the scene and get the person help, which would free up officers more quickly.

Can the medical evaluation be done at the mental health center?

Currently, the person is picked up and taken to the emergency room for medical review, which can take upwards of eight hours. After the review is completed, officers take them to the mental health center where the drop off is quick. The mental health center used to do medical evaluations for “frequent flyers” but that became too much of a liability.

How many EDs are done in the county annually?

Approximately 1,500 per year.

Mental Health “Fruit”

- Investigate the advantages of implementing a mobile crisis team (mental health diversion on wheels) including front and back end costs, necessary training and resources needed, etc. to keep people from entering the system. Investigate ways of involving hospitals on the teams and contributing funding.
- Further discuss the status of someone who is ED’d. Does an ED constitute arrest? Are they arrested only when criminal charges are connected to their ED or when they attempt to commit suicide or overdoses? These people are Mirandized but not in custody for a criminal charge. The group decided that someone who is ED’d is not free to leave on their own free will.
- Research and implement formalized criteria for release of 51.42 cases.
- Continue to offer and push CIT training to law enforcement across the county.
- Seek opportunities to keep people with mental health issues out of the criminal justice system other than detaining them in mental health facilities.
- Push to have mental health laws changed and to stop unfunded mandates. (Forward to state team)
- Research who can detain people in mental crisis and evaluate them in hopes of standardizing the process and reducing law enforcement decision making and risk opportunities.

Specialty/Treatment Courts

Mapping for specialty/treatment courts was reviewed from “B1va Drug Treatment Court Eligibility” to “ATC.”

Drug Treatment Court

- A list of DA-screened, potential treatment court participants is sent to WCS.
- WCS staff administers the Texas Christian University Drug Screen and RANT assessments to clients to identify high risk, drug dependent individuals.
- The drug court staffing team discusses eligible clients and selects candidates for enrollment.
- A contract is developed between the state and the defense, a plea is entered and the charges are deferred (post plea, presentence). After graduation, participants go back to court for their final disposition/sentencing.
- DTC has a current success rate of about 42%, which has improved over the last eight months. DTC outcomes are expected to further improve as the program matures.
- American University is providing technical assistance to DTC.
- There is anywhere from 3 to 10 people on the wait list for DTC at any given time. Some people on the wait list may be in custody or finishing sentences.
- Some participants are monitored by the pretrial supervision program before being admitted into DTC.

Alcohol Treatment Court

- ATC is a voluntary, post sentence program for those charged with 3rd and 4th OWIs.
- ATC participants are screened with the Texas Christian University Drug Screen and DUI-RANT tools by WCS to identify high risk, alcohol dependent offenders.
- Those who go to prison for OWI do not qualify for ATC.
- The ATC is independently reviewed by Temple University and follows best practices.

Combined and Miscellaneous

- The treatment courts target high risk/high need individuals.
- Evidenced-based practices are followed in ATC and DTC.
- 70 to 75% of people in the pretrial supervision program are opiate addicts or routinely test positive for opiates.

Incorporate Victim Experience into System Map

Dunn reviewed a PowerPoint presentation focusing on the victim’s experience and highlighting how crime affects victims long and short term, cost of victimization to society, what the justice system does to victims, results of trauma, why it is important to understand victims’ experiences, current status, opportunities, referrals to DAs office, progress of charged cases, case and sentencing disposition, restitution, etc. Please see the PowerPoint for details.

Victim/Witness “Fruit”

- Educate law enforcement and judicial system on the results of trauma and memory issues related to trauma.
- Updating the victim information form; the current form is a state standard and is confusing. (Forward to state team)
- Research and implement processes to increase use of mobile victim assistance.
- Research and possibly implement methods of notifying victims of adjournments and rescheduled cases.

- Research and possibly implement methods of notifying judges and district attorneys when victims plan to attend court.
- Research Clerk of Court process of making reasonable attempts to send copies of motions made under s974.07 (2) and inmate petitions for extended supervision.
- Research and possibly implement methods to increase restitution and victim's awareness of restitution
- Research and possibly implement ways to include a breakdown of restitution in judgements of conviction.
- Investigate ways to better promote the victim/witness program. Severson wants to add a victim/witness module to Sheriff's Department deputy and detective orientation as soon as possible. Other suggestions include: victim/witness presentations to the Waukesha Police Chiefs' Association and teachers, partnering with HHS and working with state groups to revise the victim information form.

Probation and Parole (P&P)

Bell briefly reviewed P&P procedures (probation track only), which is similar to Milwaukee County's map and includes, but is not limited to, the following steps:

- Intake
- Supervision plan developed
- Meetings with agents (specialized/assigned by risk level)
- Risk/needs assessment (COMPAS)
- Referral to services and HHS (for those with AODA needs)
- Reporting
- Implementation of technology tools, such as sobriety
- Restitution collection
- Discharge

P&P agents usually have case loads of 60 to 80 clients depending on risk levels. Those with higher risk clients have smaller case loads and those with lower risk clients have larger case loads. Staff training and the techniques used to change behavior affect recidivism more than intense supervision.

Inmates begin prerelease planning six months prior to their expected release dates from prison. Planning includes needs and residential assessments, referrals to services for jobs and transitional housing, etc. Once released, ex-inmates follow the probation track.

Next Meeting

November 17, 2015 from 9 a.m. to 3 p.m.

The meeting adjourned at 3 p.m.